

REPORT OF THE COMMITTEE ON MEDICAL SERVICE of the STATE AND PROVINCIAL HEALTH AUTHORITIES OF NORTH AMERICA

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YOUR committee presents for consideration certain outstanding facts bearing upon medical practice and medical service at the present time:

1. The steadily increasing tendency of physicians to locate in the larger centers of population to the detriment of the rural districts.

2. The growth of specialization.

3. The increased patronage by the public of quackery under various high-sounding names, and the legalization by a number of states of the practice of pure quackery.

The inadequacy or absence of medical care in the rural districts is producing results which constitute a public health problem in which state health officers must be vitally interested. In so far as your committee can determine, this problem is one which to a greater or less extent is common to all the states. Notwithstanding the radical reduction in the number of medical men annually graduated from our schools, statistics would seem to show that there are a sufficient number of qualified physicians to attend to the need of the population as a whole if they were distributed on the basis of population. That this is not the case has been shown by numerous surveys. As a general rule, the cities are oversupplied, except during times of widespread epidemic, and the rural districts undersupplied, or, in many instances, totally without medical care, save for such as may be brought with difficulty from a long distance and at comparatively great expense. The causes for this condition of affairs have been thoroughly discussed during the past few years. Some

of them have been operative for a comparatively long period; others are of recent origin. They may be briefly summarized as follows:

- (a) The greatly increased requirements in academic and medical training, entailing a corresponding increase in the expenditure of time and money in order to qualify for a medical degree, so that large centers of population appeal to the recent graduate as offering an opportunity to realize a more adequate return on his invested capital than is presented by the rural districts.

- (b) The physical hardships of rural practice, irregular and long hours of work, and the comparatively small fees for medical service cause the country-bred boy, who, while acquiring a medical education, has become more or less familiar with the contrasting conditions of practice in the cities, to be unwilling in many instances to return to former surroundings of which he has very definite knowledge, while the city-bred boy only exceptionally dares to embark upon a career involving conditions to which he is totally unaccustomed.

- (c) The graduate of today is so thoroughly impressed with the complexity and difficulties of modern medical diagnosis and practice and the technical facilities essential to the proper performance of each that he is unwilling to engage in practise in communities where such facilities are lacking or inadequate. There is a broad field for discussion as to whether our medical schools are tending to exaggerate the dependence of all medical diagnosis and practise upon various branches of laboratory work and to

encourage the idea that a practising physician can only hope to master the pathologic conditions of and administer proper treatment to but a small part of the human body. Certainly it is a fact that the younger physicians are too frequently lacking in the power of personal observation in contrast to the physicians of a former generation, relying too much on technical aid in order to arrive at a conclusion. They put forth too little effort of their own, and are too ready to cast the responsibility for diagnosis and treatment on one or more specialists. Whatever the cause or causes, it must be admitted that specialists multiply the world over, many without the training to qualify them to be properly so-called, while the general practitioner is rapidly disappearing from the scene or becoming simply a medium for the transmission of clinical information regarding his patients to the experts in the various specialties.

(d) The desertion by the medical profession of towns and villages and the migration of this profession to cities is unquestionably a part of a psychologic phenomenon affecting all professions and business, which has been apparent for some time and which received an immense impetus during the war. Physicians who went into military service were not less affected than other professional and business men with a spirit of restlessness and vague yearning for conditions of life differing from those in which they had previously found satisfaction and profit, and in many instances have abandoned good and even lucrative practises in small places for public service or business and professional life in the large cities. Up to the present time their places have not been filled to any encouraging extent.

Other causes than those enumerated may readily be thought of, but your committee believes that those cited constitute the most important. State health department and other agencies engaged in matters affecting the public health who ven-

ture to call attention to such conditions are frequently accused of exaggeration, and attention is called to the fact that with good roads and almost universal use of automobiles not so many physicians are needed in rural districts as formerly in order to adequately care for the inhabitants. This is unquestionably true where good roads exist, but in places without number such is not the case, and in any event the argument neither contradicts nor furnishes a remedy for the fact that there are thousands of communities throughout the country even in our most populous states, in which there is not only inadequate medical service, but actually none at all. Thus, in the state of New York eighty-three such places containing a population of from four or five hundred to several thousand have sought aid from the State Department of Health in securing the services of a physician. By great effort, by advertising and personal solicitation extending over more than two years, it has been possible to furnish physicians to approximately one-half of these places—how permanently cannot yet be determined.

What may be done to meet these conditions which affect the happiness and health of a large part of the people of the country? To some extent the readjustment of economic and social forces may be counted upon to furnish a remedy in the not distant future. The slowing down of industrial activity, already in evidence, will serve to check the concentration of population within the cities, where the opportunities for gainful employment, business and professional, are even now markedly diminishing. Physicians as well as others will in increasing numbers seek the smaller communities from actual necessity when competition has become so keen as to render it impossible for them to make a living in the cities.

The building of good roads and provision for keeping them in repair and opened at all seasons of the year will not

only render practise less onerous but enable the physicians to cover a much broader territory than is now possible in many places. The mere act of placing a physician in a rural community will not, however, of necessity assure to the people of the community adequate medical care in the same sense that it is available in the larger centers of population, nor will the up-to-date and conscientious physician usually be content to remain in a place totally without the facilities for the practice of scientific medicine of which he has been taught the necessity. Your committee believes that there can be no difference of opinion among thoughtful members of the medical profession, whether engaged in medical practice, public health work, or both, as to the absolute need of providing for the rural districts adequate laboratory service, nursing service and hospital facilities. That the present impetus toward providing such facilities has largely emanated from state health officials and those organizations affiliated or coöperating with them is due to the fact that they alone possess the knowledge of the conditions in respect to medical service which exist throughout the state as a whole, and also because the medical profession, however wholeheartedly it may coöperate with and support innovations affecting medical practice and service, cannot be counted upon to initiate them.

Whether the facilities mentioned should be furnished in part or wholly by local, county or state funds, or augmented at times from private sources, is a matter upon which opinions will radically differ, and must be governed by local conditions as well as public sentiment. That the general practitioner—he who alone is qualified to undertake the manifold phases of routine medical practise—is fast disappearing and not being replaced by graduates of most of our medical schools is all too apparent. How far methods of teaching and increased qualifying requirements are responsible for this fact may well be given thoughtful

consideration by our medical directors and boards of licensure. It is a matter of frequent comment that the medical schools are not turning out today, as in former years, men who have a just appreciation of the dignity and value of general practice and of the medical art as contrasted with that of diagnostic ability. In his passion for arriving at an exact diagnosis the modern physician too often seems to overlook, or has not been taught to value, the little niceties of medical practise, the simple remedies, attention to details however trivial, the personal touch which made the physician of a bygone day such a welcome visitor to the sick room; for, after all, a sick person not only desires to get well but even more to be relieved of pain and discomfort in body and mind. Furthermore, our medical schools fail to impress on the mind of the student the fact that the functions of the human body are so correlated that the exclusive knowledge of any small part of the body cannot make for sound medical judgment. Notwithstanding the complexities and requirements of modern medicine, they are not beyond the comprehension and attainment of the earnest student, who, while he cannot hope to become a specialist in all phases of disease, may, nevertheless, with some training in the various specialties and a thorough training in general medicine, be eminently fitted to render a diagnosis and administer treatment in the great majority of cases which may come under his care. When thrown on his own resources, the general practitioner may be surprised to find in what a large proportion of instances he will be able to do justice to his patient without calling for the services of a specialist.

The question of making the study of medicine more attractive and more generally available to a greater number of a better type of students is one which is now receiving close attention at the hands of medical educators throughout the country. It is to be hoped that modifications and readjustments in the pres-

ent requirements of preliminary and professional training, and, if possible, a reduction of expenses entailed upon the student, may bring about the desired results.

Finally, those who direct the policy of medical education would do well to study the functions and usefulness of the smaller and well-conducted medical schools. There is every reason to believe that those especially which are situated outside of large cities are a most important factor in supplying the medical needs of the rural districts. Thus, a survey of the 1,700 graduates of the Albany Medical School in New York state shows that only 174 have settled in and about the metropolitan district, and that more than one-third have taken up practise in communities of 10,000 population or less. Exact data on other smaller medical schools in New York state situated outside of New York City are not yet available, but from information thus far obtained they too are largely supplying a territory which includes small cities, towns and villages comprised within a comparatively small area. Conversely, New York City schools have not of recent years been a large factor in furnishing physicians to the districts of which the small schools are the medical center. Without dwelling upon the causes for this tendency of graduates of the smaller schools to establish themselves in localities immediately surrounding such schools, and in many instances in or near their homes and friends, the fact is of such vital importance to the solution of the rural district medical problem that such schools throughout the country if for no other reason should be fostered and encouraged and their financial difficulties met in every possible way, provided they are or may be equipped to turn out physicians who are qualified in the fundamentals of medical practise, even though they may not have had an opportunity to make such a thorough study of the

various specialties as is afforded at many of the large medical institutions.

By the natural course of events, then, and by the adoption of the suggested measures in whole or part it is to be hoped that the needs of rural districts for medical service may in time be adequately met through the restoration to them of the well-equipped general practitioner, trained in the fundamentals of public health, and furnished with adequate facilities for diagnosis and treatment. There can be no doubt that this is the ideal solution of the problem, but if it should be impossible of realization, or realization be so long delayed that the existing and ever-increasing needs of the rural districts become insistent, other measures will have to be adopted.

Your committee believes that the practise of medicine is not a state function and should not be entered into by the state save as a last resort, but there can be no dispute that when absence of medical care has reached a certain point and affects a sufficient number of people, a public health problem is created, of which the state is morally bound to take cognizance. Throughout this country people in thousands of isolated communities are calling for help or are suffering and dying in silence because there is no one to listen. To meet these needs various measures have been proposed. Some have been adopted and are now functioning. Perhaps the most far-reaching and ambitious of these is that emanating from the state of New York and embodied in the so-called health center bills, which have failed of passage by two legislatures largely by reason of the opposition of the medical profession, which assumed to regard their provisions as constituting a form of or entering wedge for state medicine, and as a substitute for, and only less objectionable than so-called health insurance; and, second, by reason of the necessity for economy in financial expenditures by the state. These bills sought by means of state subsidy to place in all districts of the state where they

were needed, but only with the consent of the county and city governments, facilities for caring for the sick; hospitals with adequate medical attendance, laboratories, nursing service, school inspection, occasional clinics and consultation service provided by the State Department of Health. The facilities, except the last two mentioned, were to be furnished by localities which chose to take advantage of the provisions of the bill and avail themselves of the state subsidy. The administration of the health center, when established, was to be absolutely local, the state through the Department of Health providing part of the funds and exercising supervision only so far as to insure efficiency and good faith in putting into effect the purposes of the bill.

What the future has in store for this form of legislation cannot be predicted. The objects sought to be accomplished have received widespread approval, not only in New York state but throughout this country and even by foreign governments. There exists only a difference of opinion as to the best methods of accomplishing them.

The plan devised by Dr. Allan Freeman of Ohio sought to accomplish much the same object by a somewhat different method. It was brilliantly conceived, deserving of support, and should certainly bear fruit at some future time.

Among other means that have been adopted by various states to meet the rural needs for medical service are county health organizations, usually with a full-time health officer and necessary assistants; local health centers, so-called, consisting of a grouping of local health activities in so far as possible within the same building; subsidizing resident physicians by villages and towns; occasional consultation clinics to which local physicians may bring cases in which the diagnosis is obscure; child welfare stations and occasional children's consultation clinics; and clinics for mental hygiene and tuberculosis. Thus the problem is being worked out,

it must be confessed, in a somewhat piecemeal and haphazard fashion, in different parts of the country, and it is doubtful if any general plan for efficient relief will be adopted by state governments until by a process of public health education more people, especially city dwellers, are brought to a realization of the gravity of the situation and are willing to bring pressure to bear upon state legislatures for action. The duty and responsibility for bringing this about must of necessity rest upon state health officials with such aid from private organizations as may be available.

SPECIALIZATION

This is the age of specialization—in manufacture as well as in the professions—but the term "specialist" as applied to medicine means little or nothing without a knowledge of the training, experience and personality of him who bears the title. Thus he may be and all too frequently is a recent graduate who has spent a few weeks or months in special study, or one who has given many years and acquired broad experience in the study of pathologic conditions of a single organ or group of organs. He may have an enlightened knowledge of general medicine, or know little of abnormal conditions outside of his chosen field. He may be an actual menace to the public, or one whose advice and counsel is of the utmost value. Has not the time arrived when, for the protection of the public and good name of the medical profession, medical educators and boards of licensure should require graduates in medicine to engage for a period of years in general practice before being permitted to take up a specialty, including that of general surgery, and then only after a minimum period of special study under stipulated conditions? This plan would accomplish three things. First: It would increase the number of general practitioners; second, it would enforce upon intending specialists a knowledge of general med-

icine; and, third, it would eliminate the pseudo-specialists.

As recently pointed out by Dr. Frederick R. Green in an excellent paper on the social responsibilities of modern medicine, there is urgent need for inculcating in the minds of the practising physician that medical practise may no longer be regarded as individual but as a matter which very frequently involves responsibility for the welfare of the local community. Training in the fundamentals of public health, hygiene and sanitation and social welfare is lamentably deficient in our present medical curricula. This constitutes perhaps the one specialty which should receive much more consideration than is at present accorded to it.

QUACKERY

It is a truism that people love to be fooled, but that is not the chief reason for the growth and patronage of charlatanism which may be attributed largely to the severance of the ties which formerly bound the majority of the people to their family physicians and established a relationship which exerted an influence upon the habits of life and thought of the people second only to that of religious belief, the value of which as a factor for the preservation of national stability can hardly be overestimated. There are no magnificent Cagliostros in our day and generation. The modern quack is the offspring of a pseudo-medical trust whose agents and alleged graduates penetrate to all parts of the country, and, with or without legal sanction, carry on their trade without let or hindrance. Plentifully supplied with funds and personal influence they yearly besiege the legislatures of the various states seeking recognition. A number of states have already yielded to

the pressure, some to their subsequent regret.

The legal recognition of one cult leads but to the recognition of another. As one ceases to be fashionable another rises to take its place. As has been wittily said, "Already the chiropractic has taken the spine out of the poor osteopath," until it is only a question of time when various cults, each with a more or less independent board of licensure, will be sanctioned by one state after another and flood the country with a motley crew of ignorant and unscrupulous practitioners of weird, valueless and frequently harmful methods—a sad commentary on human intelligence and a grave menace to the public health.

Unless some means shall be found to stop the growth of pseudo-medical cults in the country their number will be limited only by the failure of Greek and Latin dictionaries to provide more or less descriptive terms for new methods of quackery.

There is urgently needed an authoritative definition by the highest court of jurisdiction as to what constitutes the practice of medicine. State and local health officers in cooperation with medical associations must continue to fight, even though often defeated, for the principle that no one shall undertake to diagnose or treat any human ailment who is not qualified so to do by standards of training and experience set by the educational authorities of the state. Whether a campaign of public health education on the menace of the medical cults should be inaugurated by this conference is a question which your committee recommends for earnest consideration.

(Signed)

MATTHIAS NICOLL, JR., *Chairman.*

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